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House of Representatives

The House met at noon and was called to order by the Speaker pro tempore (Mr. SIMPSON).

DESIGNATION OF SPEAKER PRO TEMPORE

The SPEAKER pro tempore laid before the House the following communication from the Speaker:

WASHINGTON, DC,
March 7, 2017.

I hereby appoint the Honorable MICHAEL K. SIMPSON to act as Speaker pro tempore on this day.

PAUL D. RYAN,
Speaker of the House of Representatives.

MORNING-HOUR DEBATE

The SPEAKER pro tempore. Pursuant to the order of the House of January 3, 2017, the Chair will now recognize Members from lists submitted by the majority and minority leaders for morning-hour debate.

The Chair will alternate recognition between the parties, with each party limited to 1 hour and each Member other than the majority and minority leaders and the minority whip limited to 5 minutes, but in no event shall debate continue beyond 1:50 p.m.

THE AMERICAN HEALTH CARE ACT

The SPEAKER pro tempore. The Chair recognizes the gentleman from Connecticut (Mr. COURTNEY) for 5 minutes.

Mr. COURTNEY. Mr. Speaker, 7 years ago, in March of 2010, the Affordable Care Act was signed into law after a 2-year process of hundreds of committee meetings, exhaustive markups—which I personally participated in—floor debate that went on for days, and, again, back-and-forth between the House and the Senate.

Since that date, despite the, again, bitter criticism by the Republican ma-

jority when that law went into effect, there have been 60 votes to repeal the Affordable Care Act; and up until this morning, the majority has always begged the question about: What is your replacement? Again, just last week, we heard rumors that there was a replacement, that the Speaker actually had drafted a bill.

Well, with scenes that looked like it was out of “The Blair Witch Project,” we had Members of Congress going around the Capitol opening doors with cameras doing live streams and live coverage, again, to empty rooms and denials that there actually was a bill that anyone could actually take a look at.

Well, as I said, this morning, we now have been told that there actually is a bill that has been filed, which tomorrow will be marked up and voted out of committee with not one single public hearing and, incredibly, with no analysis by the Congressional Budget Office, which any bill that has any impact on budget, whether it is a tax bill or a spending bill, has, as a matter of course, for decades, always been the case. There is no measure which contains more significance in terms of a Congressional Budget analysis than reforming the healthcare system of America, which constitutes about 15 to 20 percent of the American economy and affects the lives of tens of millions of Americans.

Well, from what we have seen so far, it appears there is a good reason that the folks wanted to keep the bill a secret. Again, the basic fundamentals of the Affordable Care Act is built on two pillars. There was an expansion of Medicaid, and there were subsidies based on income for Americans to be able to buy insurance through the marketplace.

In the State of Connecticut, where I come from, we have cut the uninsured rate down to 3.6 percent from approximately 9 percent when the bill was signed into law 7 years ago.

What this bill does is, again, it just basically decapitates the Medicaid expansion. So about 11 million Americans are going to have their healthcare coverage threatened. And those are not just, you know, people on entitlement programs. We are talking about working Americans.

I know a farmer in my district who almost lost his foot from a chain saw accident, who thanked me the other day that he had Medicaid to cover the costs of his hospital coverage.

Again, the subsidies which allowed people to buy plans on the insurance marketplace, well, they basically, as I said, decapitate Medicaid. And they also convert the subsidies from an income-based system to an age-rated one, which means that, basically, a well-to-do person gets the same tax credit that a poor person or a single parent has.

A conservative economist, Avik Roy, just a few minutes ago, issued a statement, saying:

Expanding subsidies for high earners while cutting health coverage for the working poor sounds like a caricature of mustache-twirling, top-hatted Republican fat cats.

Again, you cannot imagine a more Robin Hood in reverse than a plan that does what this tax credit change encompasses.

And, again, the list goes on and on in terms of some of the really just outrageous proposals that this new measure contains.

For seniors, again, the Affordable Care Act contracted the age rating from 3 to 1 from what existed before; it was about 6 to 7 to 1. In other words, a senior, an older person, could be charged seven times the same rate as a 20-year-old. Again, the Affordable Care Act reduced that span to 3 to 1.

This bill expands the span again to 5 to 1, which the American ARP has already issued a statement, saying:

It is nothing more than an age tax. It is charging people based on their age, which is nothing that any human being can control.

□ This symbol represents the time of day during the House proceedings, e.g., □ 1407 is 2:07 p.m.

Matter set in this typeface indicates words inserted or appended, rather than spoken, by a Member of the House on the floor.



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It also, again, rolls back tax increases, slight tax increases, for high income earners, as Mr. Roy's comment indicates, and worsens the fiscal solvency of the Medicare trust fund, reduces its solvency by 4 years.

Again, the Catholic Health Association has come out today criticizing this proposal. Again, just an incredible array of stakeholder groups all across the country are already speaking out.

The fact that this measure is going forward in committee tomorrow morning, less than, really, 24 hours for the American people to have even a glimpse in terms of what is being proposed without an analysis in terms of a budget score, again, is just an abuse of the legislative and democratic process.

Mr. Speaker, again, we have seen an outpouring of Americans over the last 2 months at townhall meetings—I have had four of them—people telling heartfelt stories about how the ACA helped them. Yes, we can improve the law. There are many ideas that we can work together on. That is what we should be focused on, not butchering the law, which this proposal seeks to do.

THE AMERICAN HEALTH CARE ACT

The SPEAKER pro tempore. The Chair recognizes the gentlewoman from North Carolina (Ms. FOXX) for 5 minutes.

Ms. FOXX. Mr. Speaker, for years Americans across the country have struggled under a government takeover of health care. Because of ObamaCare, insurance markets are collapsing, healthcare costs are soaring, and patients' choices are dwindling. Simply put, the flawed healthcare law is failing. It is hurting hardworking men and women across the country, and the American people deserve better.

That is why Republicans promised to deliver the healthcare solutions Americans desperately need. This week, we are making good on that promise and moving forward with an effort that will provide a better way on health care.

After a thoughtful and collaborative process, members of the Energy and Commerce Committee and the Ways and Means Committee recently unveiled a legislative plan that will repeal and replace ObamaCare. The plan, the American Health Care Act, includes a number of positive, common-sense reforms that will help create more choices, lower costs, and give control back to individuals and families.

These reforms will create a new and innovative fund giving States the flexibility they need to design programs that fit the needs of their communities. They will responsibly unwind ObamaCare's Medicaid expansion in a way that protects patients and strengthens the program for future generations.

The plan will also dismantle ObamaCare taxes and mandates—including the individual and employer

mandate penalties and taxes on prescription drugs, over-the-counter medications, health insurance premiums, and medical devices. It will expand health savings accounts to empower individuals and families to spend their healthcare dollars the way they want and need. It will provide tax credits to those who don't receive insurance through work or a government program, helping all Americans access high quality, affordable health care.

At the same time, we on the Education and the Workforce Committee are working to advance additional reforms that will help expand coverage, make health care more affordable, and promote a healthy workforce.

One legislative proposal will empower small businesses to band together to negotiate lower healthcare costs on behalf of their employees. Another will protect the ability of employers to self-insure, providing greater access to affordable, flexible healthcare plans for their workers. The third will give employers the legal certainty they need to offer employee wellness plans, helping to promote a healthy workforce and, again, lower healthcare costs.

These three legislative proposals reflect a few shared principles. Families should have the freedom to choose the healthcare plan that meets their needs. Americans need more affordable healthcare options, not fewer. Healthcare decisions should rest with patients and their doctors—not government bureaucrats. Instead of prescriptive mandates, we should ensure employers have the tools they need to help their employees afford health care.

These proposals—along with those in the American Health Care Act—are exactly the kind of free-market, patient-centered reforms Republicans promised, and they reflect the priorities of President Trump and his administration. They are the products of a careful process that took into account the ideas and concerns of men and women from all walks of life, and they will now be considered through an open, transparent process that provides policymakers on both sides of the aisle an opportunity to share their views and offer their ideas.

I encourage everyone—my colleagues in Congress, as well as all Americans—to join in this process. Visit readthebill.gop. See for yourself the plan we have laid out, and help us move forward with these positive solutions. Together we can help ensure all Americans have access to the high quality, affordable healthcare coverage they deserve.

THE AMERICAN HEALTH CARE ACT

The SPEAKER pro tempore. The Chair recognizes the gentleman from Oregon (Mr. DEFAZIO) for 5 minutes.

Mr. DEFAZIO. Mr. Speaker, we just heard a lot about competition and bet-

ter and improved markets. The basic problem the Republicans have—and they know this very well—is that the health insurance industry is exempt from the antitrust laws of the United States of America, so they can, and they do, get together and collude. They collude to drive up prices. They collude to share markets: hey, if you are pulling out of that State, I will pull out of this State and cut those kind of deals. They can't be prosecuted.

We had a bipartisan vote on the floor of this House when we were originally considering the House version of the Affordable Care Act—indefinitely superior to the thing passed by the Senate which we got stuck with—and it was over 400 votes to take away their antitrust immunity. Is that in this bill? Heck, no. They are the second largest PAC contributor to the Republican Party, so I am afraid we are not going to take away their antitrust immunity—but we are going to have a really free, competitive, and transparent market. You will be able to go out and get your policies, whatever the insurance companies have decided as they colluded behind closed doors.

Now, the other issue here is, for some reason, Republicans seem to have taken and painted a big target on the back of low- and middle-income seniors in two ways. They are going to repeal some very small taxes on people who earn over one-quarter of a million dollars a year. You know, they really need another 4 percent because they are just hurting. Those people who earn \$1 million, \$2 million a year, they are hurting. We have got to repeal that tax. So that is one of the highest priorities in this bill: repeal that tax.

Unfortunately, that means that the Medicare trust fund will be exhausted 4 years earlier. That is right. The money those very high-income people are paying goes to Medicare, to the trust fund, which is in trouble right now. It is going to be exhausted in 2028. Under their plan, it is going to be exhausted in 2024. So they have painted a big target on seniors. But don't worry, the seniors can go into the competitive—well, not so competitive—insurance market and buy a plan.

But then another little twist and another arrow in the heart of seniors—seniors now, under their plan, instead of a cap of three times the cost of a policy to other, younger subscribers, it is now they are going to jack it up to five times.

Why do you hate seniors so much? What is the deal here? Yeah, the high-income seniors will do fine. But what about the middle- and low-income seniors, those who are struggling to make ends meet on Social Security and others?

Then for some other bizarre reason, they have got it in for Planned Parenthood. They say it is about abortion. Well, guess what? It is not. Federal law has prohibited Federal money from going to abortions for 40 years. It is not about abortion. It is about something